

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032730

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170

Primary Registration District No. 5628

Registrar's No. 150

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) Gasconade Township		c. CITY OR TOWN Lebanon	
Length of stay in 1b 4 hours		Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Abo Missouri		d. STREET ADDRESS 533 Taylor	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First Cora	Middle A.	Last Eidson	4. DATE OF DEATH Month August Day 17 Year 1963
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5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-1895	9. AGE (last birthday) 67	10. IF UNDER 1 YEAR Months 67 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Laclede County	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John H. Jones	13b. MOTHER'S MAIDEN NAME Fronia Garrette	14. NAME OF HUSBAND OR WIFE Ernest Eidson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. E.A. Eidson - Lebanon, Mo.	17. INFORMANT E.A. Eidson - Lebanon, Mo.
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18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drown in River apparent heart attack Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) apparent heart attack DUE TO (c) apparent heart attack		INTERVAL BETWEEN ONSET AND DEATH unknown
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had been feeling ill before going fishing	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT, SUICIDE, HOMICIDE none	20b. DESCRIBE HOW INJURY OCCURRED, (enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 9:30 a.m. 9:30 Month 8 Day 17 Year 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River bank	20f. CITY, TOWN, OR LOCATION Laclede, Mo.
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21. I attended the deceased from 8:30 A.M. to 8:30 A.M. and last saw her alive on 8-19-63	22a. SIGNATURE G.I. Shadel (Degree or title) Coroner	22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 8-19-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-19-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Cem.	23d. LOCATION (City, town, or county) (State) Lebanon Missouri
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24. FUNERAL DIRECTOR S.R. Palmer	25. DATE RECD. BY LOCAL REG. 8-19-1963	26. REGISTRAR'S SIGNATURE Hella L. May
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27. ADDRESS Palmer Funeral Home-Lebanon, Mo.	28. LICENSED EMBALMER'S STATEMENT (on Reverse Side)
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 0530

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. R. Palmer*

Licensed Embalmer No. 2208

P. O. Address Lebanon, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 8-19-1965-D.L.W